

Application for Elevator Installation Permit

176

Michigan Department of Labor & Economic Growth
Bureau of Construction Codes & Fire Safety
Elevator Safety Division
P.O. Box 30255, Lansing, MI 48909
517/241-9337

OFFICE USE ONLY	
STATE SERIAL NUMBER	
PERMIT NUMBER	
PERMIT APPROVED BY	DATE

FORMS AND BLUE PRINTS MUST BE SUBMITTED IN TRIPLICATE

Authority: 1967 PA 227	The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.
Completion: Mandatory	
Penalty: \$50.00	

BILLING INFORMATION

ELEVATOR LOCATION (BUILDING NAME)		COUNTY			
LOCATION (ADDRESS)		CITY		ZIP CODE	
BILLING INFORMATION (OWNER OR DESIGNATED AGENT)	BILLING ADDRESS		CITY	STATE	ZIP CODE
TYPE OF DEVICE		MANUFACTURED BY		MANUFACTURER'S NUMBER	
TYPE OF CONTROL	CAPACITY	RATED SPEED	RISE OF CAR	NUMBER OF LANDINGS	
	_____ LBS	_____ FPM	_____ FT _____ IN		

CAR

HOW OPERATED FROM CAR		FROM LANDING	DESTINATION - ORIENTED ELEVATOR SYSTEM			
HAND ROPE	CAR SWITCH	AUTO	PUSH BUTTON	YES NO		
SIZE OF PLATFORM (INSIDE)	NUMBER OF CAR ENTRANCES		SAFE EDGE	ELECTRIC EYE		
	1	2	3	YES NO		
POWER OPERATED DOOR REOPENING DEVICE			CAR DOORS OR GATES POWER OPERATED			
PROXIMITY			INFRARED	OTHER _____		
			YES NO			
HOISTWAY DOORS ARE			EMERGENCY EXITS			
SEQUENCE			SIMULTANEOUSLY	CAR TOP HINGED	CAR TOP REMOVABLE	SIDE PANEL
EMERGENCY EXIT ELECTRIC CONTACT			TYPE OF CAR SAFETY DEVICE			
YES NO			A B C OTHER _____			
POWER DOOR OPERATOR (MANUFACTURER'S NAME)			EMERGENCY CALL			
			BELL TELEPHONE OTHER _____			

CABLES	HOISTING	GOVERNOR	COMPENSATION	DIAMETER OF SHEAVES		
NUMBER				DEFLECTOR	CAR	COUNTERWEIGHT
DIAMETER						
MATERIAL				SLACK CABLE DEVICE LOCATION		
CONSTRUCTION				CAR	MACHINE	NONE OTHER _____
ROPING				FASTENINGS		
SINGLE WRAPPED 1 TO 1				DOUBLE WRAPPED 1 TO 1		
SINGLE WRAPPED 2 TO 1				DOUBLE WRAPPED 2 TO 1		
				TAPERED SOCKETS CLIPS WEDGE CLAMP		

MACHINE ROOM

LOCATION		SELF CLOSING SELF LOCKING DOOR PROVIDED			
OVERHEAD		BASEMENT	FIRST FLOOR	OTHER _____	
YES NO		YES NO			
MACHINE ROOM FULLY ENCLOSED		MACHINE TYPE			POWER
		1. CABLE			1. ELECTRIC
		2. DIRECT PLUNGER HYDRAULIC			2. HAND POWER
		3. ROPED HYDRAULIC			
		4. HAND POWER			
		5. OTHER _____			
TYPE OF DRIVE		TYPE OF BREAK		TYPE OF BRAKE (RELEASED)	
TYPE OF GOVERNOR AND LOCATION		GOVERNOR TRIPPING SPEED		GOVERNOR OVERSPEED SWITCH	
		_____ FPM		YES NO	
H.P.		ELECTRIC MOTOR VOLTAGE		DIAMETER OF PLUNGER	
		A.C. D.C.		_____ INCHES	
FULLY EXPOSED CYLINDER		CYLINDER PROTECTION TYPE		SHUTOFF VALVE LOCATION	
YES NO				PIT MACHINE ROOM OTHER _____	
				OVERSPEED VALVE	
				YES NO	

CONTRACTOR SIGNATURE

CONTRACTOR'S COMPANY NAME AND BRANCH OFFICE (CITY)	CONTRACTOR LICENSE NUMBER	PERMIT FEE
		\$
CONTRACTOR'S SIGNATURE		DATE

Application for Elevator Installation Permit

176

Michigan Department of Labor & Economic Growth
Bureau of Construction Codes & Fire Safety
Elevator Safety Division
P.O. Box 30255, Lansing, MI 48909
517/241-9337

OFFICE USE ONLY	
STATE SERIAL NUMBER	
PERMIT NUMBER	
PERMIT APPROVED BY	DATE

FORMS AND BLUE PRINTS MUST BE SUBMITTED IN TRIPLICATE

Authority: 1967 PA 227	The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.
Completion: Mandatory	
Penalty: \$50.00	

BILLING INFORMATION

ELEVATOR LOCATION (BUILDING NAME)		COUNTY			
LOCATION (ADDRESS)		CITY		ZIP CODE	
BILLING INFORMATION (OWNER OR DESIGNATED AGENT)	BILLING ADDRESS		CITY	STATE	ZIP CODE
TYPE OF DEVICE		MANUFACTURED BY		MANUFACTURER'S NUMBER	
TYPE OF CONTROL	CAPACITY	RATED SPEED	RISE OF CAR	NUMBER OF LANDINGS	
	_____ LBS	_____ FPM	_____ FT _____ IN		

CAR

HOW OPERATED FROM CAR		FROM LANDING	DESTINATION - ORIENTED ELEVATOR SYSTEM		
HAND ROPE	CAR SWITCH	AUTO	PUSH BUTTON	YES NO	
SIZE OF PLATFORM (INSIDE)	NUMBER OF CAR ENTRANCES		SAFE EDGE	ELECTRIC EYE	
	1	2	3	YES NO	
POWER OPERATED DOOR REOPENING DEVICE		CAR DOORS OR GATES POWER OPERATED			
PROXIMITY	INFRARED	OTHER _____			
HOISTWAY DOORS ARE		EMERGENCY EXITS			
SEQUENCE	SIMULTANEOUSLY		CAR TOP HINGED	CAR TOP REMOVABLE	SIDE PANEL
EMERGENCY EXIT ELECTRIC CONTACT		TYPE OF CAR SAFETY DEVICE			
YES	NO	A B C OTHER _____			
POWER DOOR OPERATOR (MANUFACTURER'S NAME)		EMERGENCY CALL			
		BELL TELEPHONE OTHER _____			

CABLES	HOISTING	GOVERNOR	COMPENSATION	DIAMETER OF SHEAVES				
NUMBER				DEFLECTOR	CAR	COUNTERWEIGHT		
DIAMETER				SLACK CABLE DEVICE LOCATION				
MATERIAL				CAR	MACHINE	NONE	OTHER _____	
CONSTRUCTION				FASTENINGS				
ROPING				TAPERED SOCKETS			CLIPS	WEDGE CLAMP
SINGLE WRAPPED 1 TO 1				DOUBLE WRAPPED 1 TO 1				
SINGLE WRAPPED 2 TO 1				DOUBLE WRAPPED 2 TO 1				

MACHINE ROOM

LOCATION		SELF CLOSING SELF LOCKING DOOR PROVIDED					
OVERHEAD	BASEMENT	FIRST FLOOR	OTHER _____				
MACHINE ROOM FULLY ENCLOSED		MACHINE TYPE			POWER		
YES NO		1. CABLE 3. ROPED HYDRAULIC 5. OTHER			1. ELECTRIC		
		2. DIRECT PLUNGER HYDRAULIC 4. HAND POWER			2. HAND POWER		
TYPE OF DRIVE	TYPE OF BREAK		TYPE OF BRAKE (RELEASED)		DIAMETER OF SHEAVES/SPROCKETS/PULLEYS		
				DRUM _____ INCHES		TRACTION _____ INCHES	
TYPE OF GOVERNOR AND LOCATION			GOVERNOR TRIPPING SPEED		GOVERNOR OVERSPEED SWITCH		PHASE PROTECTION
			_____ FPM		YES NO		YES NO
H.P.	ELECTRIC MOTOR VOLTAGE		OPERATING DEVICE VOLTAGE		DIAMETER OF PLUNGER		MFG OF PUMP
		A.C. D.C.	A.C. D.C.		_____ INCHES		
FULLY EXPOSED CYLINDER		CYLINDER PROTECTION TYPE		SHUTOFF VALVE LOCATION			OVERSPEED VALVE
YES NO				PIT MACHINE ROOM OTHER _____			YES NO

CONTRACTOR SIGNATURE

CONTRACTOR'S COMPANY NAME AND BRANCH OFFICE (CITY)		CONTRACTOR LICENSE NUMBER	PERMIT FEE
			\$
CONTRACTOR'S SIGNATURE			DATE

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

HOISTWAY ENTRANCE PROTECTION

LIST NUMBER OF DOORS OR GATES IN BLOCKS OPPOSITE TYPE	TOTAL	FILL IN FLOOR NUMBERS ON LINE BELOW												CONSTRUCTION	CLOSED BY	INTERLOCK NAME AND TYPE NUMBER
<input type="checkbox"/> HORIZONTAL SLIDING <input type="checkbox"/> VERTICAL BI-PART															<input type="checkbox"/> HAND <input type="checkbox"/> POWER	
<input type="checkbox"/> HINGED SWING <input type="checkbox"/> VERTICAL LIFT GATES															<input type="checkbox"/> HAND <input type="checkbox"/> POWER	
<input type="checkbox"/> OTHER TYPES _____															<input type="checkbox"/> HAND <input type="checkbox"/> POWER	
HEIGHT																
TYPE OF DOOR CLOSER		HOISTWAY DOOR UNLOCKING DEVICES												HOISTWAY ACCESS SWITCHES		
		<input type="checkbox"/> YES LOCATION _____ <input type="checkbox"/> NO												<input type="checkbox"/> YES <input type="checkbox"/> NO		

TERMINAL STOPPING DEVICES

TERMINALS <input type="checkbox"/> YES <input type="checkbox"/> NO	SLOW DOWN <input type="checkbox"/> YES <input type="checkbox"/> NO	FINALS <input type="checkbox"/> YES <input type="checkbox"/> NO	UP EMERGENCY SLOWDOWN DEVICE <input type="checkbox"/> YES <input type="checkbox"/> NO
CAR RUNBY TOP _____ INCHES	TYPE OF CAR BUFFERS	CWT RUNBY TOP _____ INCHES	TYPE OF CWT BUFFERS _____ INCHES
CAR RUNBY BOTTOM _____ INCHES	STROKE _____ INCHES	CWT RUNBY BOTTOM _____ INCHES	STROKE _____ INCHES
CAR CLEARANCE TOP _____ INCHES	CWT CLEARANCE TOP _____ INCHES	CAR CLEARANCE BOTTOM _____ INCHES	CWT CLEARANCE BOTTOM _____ INCHES
OVERTRAVEL OF PLUNGER _____ INCHES	REFUGE SPACE TOP OF CAR L _____ W _____ H _____	BOTTOM CAR CLEARANCE (REFUGE) L _____ W _____ H _____	

PIT

LADDER <input type="checkbox"/> YES <input type="checkbox"/> NO	LIGHT <input type="checkbox"/> YES <input type="checkbox"/> NO	STOP SWITCH <input type="checkbox"/> YES <input type="checkbox"/> NO	DEPTH OF PIT _____ INCHES	SUMP PUMP <input type="checkbox"/> YES <input type="checkbox"/> NO
---	--	--	-------------------------------------	--

OPERATION

FIREFIGHTERS' EMERGENCY OPERATION <input type="checkbox"/> YES <input type="checkbox"/> NO	FIRE ALARM INITIATING DEVICE <input type="checkbox"/> YES <input type="checkbox"/> NO	REMOTE FIRE RECALL SWITCH <input type="checkbox"/> YES <input type="checkbox"/> NO	EMERGENCY OR STANDBY POWER <input type="checkbox"/> YES <input type="checkbox"/> NO
ASCENDING CAR OVERSPEED PROTECTION <input type="checkbox"/> YES <input type="checkbox"/> NO	UNINTENDED CAR MOVEMENT PROTECTION <input type="checkbox"/> YES <input type="checkbox"/> NO	DOOR NUDGING <input type="checkbox"/> YES <input type="checkbox"/> NO	SPRINKLER HEAD LOCATION <input type="checkbox"/> MACHINE ROOM <input type="checkbox"/> PIT <input type="checkbox"/> OTHER _____
MONITORED SPRINKLER VALVE LOCATION <input type="checkbox"/> MACHINE ROOM <input type="checkbox"/> PIT <input type="checkbox"/> OTHER _____			

INSPECTOR'S COMMENTS

DISTANCE-DOORS TO EDGE OF THRESHOLD	CAR THRESHOLD TO HOIST-WAY THRESHOLD	HYDRAULIC VALVE SERIAL NUMBER
COMMENTS _____ _____ _____ _____ _____ _____ _____ _____ _____ _____		
INSPECTOR'S SIGNATURE	INSPECTOR NUMBER	DATE

Application for Elevator Installation Permit

176

Michigan Department of Labor & Economic Growth
Bureau of Construction Codes & Fire Safety
Elevator Safety Division
P.O. Box 30255, Lansing, MI 48909
517/241-9337

OFFICE USE ONLY	
STATE SERIAL NUMBER	
PERMIT NUMBER	
PERMIT APPROVED BY	DATE

FORMS AND BLUE PRINTS MUST BE SUBMITTED IN TRIPLICATE

Authority: 1967 PA 227	The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.
Completion: Mandatory	
Penalty: \$50.00	

BILLING INFORMATION

ELEVATOR LOCATION (BUILDING NAME)		COUNTY			
LOCATION (ADDRESS)		CITY		ZIP CODE	
BILLING INFORMATION (OWNER OR DESIGNATED AGENT)	BILLING ADDRESS		CITY	STATE	ZIP CODE
TYPE OF DEVICE		MANUFACTURED BY		MANUFACTURER'S NUMBER	
TYPE OF CONTROL	CAPACITY _____ LBS	RATED SPEED _____ FPM	RISE OF CAR _____ FT _____ IN		NUMBER OF LANDINGS

CAR

HOW OPERATED FROM CAR		FROM LANDING	DESTINATION - ORIENTED ELEVATOR SYSTEM		
HAND ROPE	CAR SWITCH	AUTO	PUSH BUTTON	YES NO	
SIZE OF PLATFORM (INSIDE)	NUMBER OF CAR ENTRANCES		SAFE EDGE	ELECTRIC EYE	
	1	2	3	YES NO	
POWER OPERATED DOOR REOPENING DEVICE		CAR DOORS OR GATES POWER OPERATED			
PROXIMITY	INFRARED	OTHER _____			
HOISTWAY DOORS ARE		EMERGENCY EXITS			
SEQUENCE	SIMULTANEOUSLY		CAR TOP HINGED	CAR TOP REMOVABLE	SIDE PANEL
EMERGENCY EXIT ELECTRIC CONTACT		TYPE OF CAR SAFETY DEVICE			
YES	NO	A B C OTHER _____			
POWER DOOR OPERATOR (MANUFACTURER'S NAME)		EMERGENCY CALL			
		BELL TELEPHONE OTHER _____			

CABLES	HOISTING	GOVERNOR	COMPENSATION	DIAMETER OF SHEAVES	
NUMBER				DEFLECTOR	CAR COUNTERWEIGHT
DIAMETER				SLACK CABLE DEVICE LOCATION	
MATERIAL				CAR	MACHINE NONE OTHER _____
CONSTRUCTION				FASTENINGS	
ROPING				TAPERED SOCKETS CLIPS WEDGE CLAMP	
SINGLE WRAPPED 1 TO 1				DOUBLE WRAPPED 1 TO 1	
SINGLE WRAPPED 2 TO 1				DOUBLE WRAPPED 2 TO 1	

MACHINE ROOM

LOCATION		SELF CLOSING SELF LOCKING DOOR PROVIDED			
OVERHEAD	BASEMENT	FIRST FLOOR	OTHER _____		
MACHINE ROOM FULLY ENCLOSED		MACHINE TYPE		POWER	
YES NO		1. CABLE 3. ROPED HYDRAULIC 5. OTHER		1. ELECTRIC	
		2. DIRECT PLUNGER HYDRAULIC 4. HAND POWER		2. HAND POWER	
TYPE OF DRIVE	TYPE OF BREAK		TYPE OF BRAKE (RELEASED)		DIAMETER OF SHEAVES/SPROCKETS/PULLEYS
				DRUM _____ INCHES TRACTION _____ INCHES	
TYPE OF GOVERNOR AND LOCATION		GOVERNOR TRIPPING SPEED		GOVERNOR OVERSPEED SWITCH	
		_____ FPM		YES NO	
H.P.	ELECTRIC MOTOR VOLTAGE		OPERATING DEVICE VOLTAGE		DIAMETER OF PLUNGER
	A.C. D.C.		A.C. D.C.		_____ INCHES
FULLY EXPOSED CYLINDER	CYLINDER PROTECTION TYPE		SHUTOFF VALVE LOCATION		OVERSPEED VALVE
YES NO			PIT MACHINE ROOM OTHER _____		YES NO

CONTRACTOR SIGNATURE

CONTRACTOR'S COMPANY NAME AND BRANCH OFFICE (CITY)	CONTRACTOR LICENSE NUMBER	PERMIT FEE
		\$
CONTRACTOR'S SIGNATURE		DATE

List of Elevating Devices

P	=	Passenger Elevator
F	=	Freight Elevator
RES	=	Private Residence Elevator
I	=	Inclined Elevator
IR	=	Private Residence Inclined Elevator
LU/LA	=	Limited-Use/Limited-Application Elevator
LU/LAR	=	Private Residence Limited-Use/Limited-Application Elevator
SW	=	Sidewalk Elevator
R	=	Rooftop Elevator
M	=	Mine Elevator
SPP	=	Special Purpose Personnel Elevator
DW	=	Dumbwaiter
DWR	=	Private Residence Dumbwaiter
ML	=	Material Lift
VPL	=	Vertical Platform Lift
VPLR	=	Private Residence Vertical Platform Lift
IPL	=	Inclined Platform Lift
IPLR	=	Private Residence Inclined Platform Lift
SC	=	Stairway Chairlift
SCR	=	Private Residence Stairway Chairlift
SED	=	Special Elevating Device
SDR	=	Private Residence Special Elevating Device
PH	=	Personnel Hoist (ANSI A10.4)
BM	=	Belt Manlift (ASME A90.1)

Types of Driving Machines

Drum
Traction
 Geared
 Gearless
Hydraulic
 Direct Acting
 Roped
Rack And Pinion
Screw-Column
Spiralift